



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

EDWIN J TAEGEL

Respondent Name

ARCH INSURANCE CO

MFDR Tracking Number

M4-14-0672-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

October 28, 2013

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The enclosed claim was reduced in error. This claim was for a Division ordered Designated Doctor Re-Exam. We billed a total of \$1,275.00 for this claim but were paid only \$277.23. The explanation given on the EOB justifying the denial states: *WORKERS COMPENSATION STATE FEE SCHEDULE ADJUSTMENT*; however, this is incorrect. The reduction of parts of this claim is in violation of the rules of the Texas Department of Insurance Division of Workers' Compensation as this services was ordered on the DWC-32.

Therefore, please issue a payment promptly in the amount of \$997.77 to settle this claim."

Amount in Dispute: \$147.77

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Please be advised that we attached the incorrect supporting documents to our fax sent on 11/15/13. Please disregard that information and accept this attached documentation.

We are in receipt of the above referenced dispute and are sending this bill to our bill audit company for a review to determine if additional monies are due."

Response Submitted by: Gallagher Basset Services, Inc

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 20, 2012	CPT Code 99456-W6-RE	\$147.77	\$147.77

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.204 sets out the fee guideline for workers' compensation specific services.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 59 – Processed based on multiple or concurrent procedures rules

Issues

1. What is the applicable rule for reimbursement of the disputed services?
2. Did the respondent support the insurance carrier's reasons for reduction of payment?
3. Is the requestor entitled to reimbursement?

Findings

1. The disputed services relate to a designated doctor examination to determine extent of injury, with billing and reimbursement subject to the provision of 28 Texas Administrative §134.204(i)(1), which requires that "Designated Doctors shall perform examinations in accordance with Labor Code §§408.004, 408.0041 and 408.151 and Division rules, and shall be billed and reimbursed as follows: ... (C) Extent of the employee's compensable injury shall be billed and reimbursed in accordance with subsection (k) of this section, with the use of the additional modifier "W6"." 28 Texas Administrative Code §134.204 (i)(2) further states "When multiple examinations under the same specific Division order are performed concurrently under paragraph (1)(C) - (F) of this subsection: (A) the first examination shall be reimbursed at 100 percent of the set fee outlined in subsection (k) of this section; (B) the second examination shall be reimbursed at 50 percent of the set fee outlined in subsection (k) of this section; and (C) subsequent examinations shall be reimbursed at 25 percent of the set fee outlined in subsection (k) of this section."
2. The insurance carrier denied the disputed services with denial reason "59 – Processed based on multiple or concurrent procedures rules." The insurance carrier states in its carrier response dated November 14, 2013 "Gallagher Bassett escalated the claim in question for date of service 12/20/12 for further review by our bill audit company. This is the results of their review: Coventry stands by the review. Per Fee Schedule review, the system is applying the multiple procedure correctly, as indicated on page 27 of the link provided below. Under the "Tiered reimbursement method for more than one non-MMI/IR examinations under the same order": section. The attachments received show the same Division order for both date of service. Our system shows the first 99456.W8.RE was billed on 6/25/12, therefore, the second 99456.W6 billed on 12/20/12 was reduced accordingly. No additional monies are due at this time."

Review of the system notes a request for designated doctor examination approved for December 20, 2012 to address extent of injury issue only.

The Division further notes that examinations to determine Extent of Injury are subject to the provisions of §134.204(i)(1)(C) and (k).

Review of the submitted documentation finds only one examination, procedure code 99456-W6-RE, performed under paragraph (1)(C) – (F) for disputed service of December 20, 2012. Per division notes the division approved extent of injury examination for December 20, 2012. Although the insurance carrier refers to prior examinations performed on June 25, 2012, the Division notes that those prior examinations were performed before the division order for services on December 20, 2012. Review of division notes finds that prior examination was scheduled on June 08, 2012. The reimbursement reductions contemplated in §134.204(i)(2) are only applicable to multiple examinations under the same specific Division order. Review of the submitted documentation finds that the examinations performed on June 08, 2012 were rendered pursuant to different Division orders. No information was found to support insurance carrier payment of any other examinations performed concurrently under paragraph (1)(2)(A) – (C) under the same specific Division order for services performed on December 20, 2012. The insurance carrier's payment reduction reason is not supported

3. Per 28 Texas Administrative Code §134.204(k), "The following shall apply to Return to Work (RTW) and/or Evaluation of Medical Care (EMC) Examinations. When conducting a Division or insurance carrier requested RTW/EMC examination, the examining doctor shall bill and be reimbursed using CPT Code 99456 with modifier 'RE.' In either instance of whether MMI/IR is performed or not, the reimbursement shall be \$500 in accordance with subsection (i) of this section and shall include Division-required reports." Reimbursement for procedure code 99456-W6-RE is \$500.00. The insurance carrier paid \$325.00. Based upon the documentation submitted and the *Table of Disputed Services*, additional reimbursement in the amount of \$147.77 is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$ 147.77.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$147.77 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

7/03/2014
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.